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FEB 25 2009

ATTORNEY DOCKET NO. 01307.0003U2
APPLICATION NO. 09/752,939
CLIENT REFERENCE NO. ACRY 3

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8			
I hereby certify that the attached Change of Correspondence Address and Power of Attorney form, including any items indicated as attached or included, are being transmitted via facsimile transmission to facsimile number (571) 273-8300 on the date indicated below.			
Name of Person Signing (Print/Type)	Winsome St Rose		
Signature		Date	2/25/2009.